

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee | = | Total |
|-------------------------|-------------------|-----------------|-------|------------|------------|---|-------|
| | Sm./Lg. | | | Sm. Entity | Lg. Entity | | |
| Basic Filing Fee | 201/101 | | | _____ | _____ | = | _____ |
| Total Claims >20 | 203/103 | _____ -20 = | _____ | X | _____ | = | _____ |
| Independent Claims >3 | 202/102 | _____ -3 = | _____ | X | _____ | = | _____ |
| Mult. Dep Claim Present | 204/104 | | | _____ | _____ | = | _____ |
| Surcharge | 205/105 | | | _____ | _____ | = | _____ |
| English Translation | 139 | | | | | | _____ |

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 130

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 130

Office of Initial Patent Examination